

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.05146810

Gross Claim	\$	3,276,408.80
State Hospital Offset	\$	306,513.43
Managed Care Offset 10-18-10 to 11-15-10	\$	166,697.07
	\$	0.00
Net Claim / Payment Amount	\$	2,803,198.30
YTD Amount:	\$	7,419,204.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00020409

Gross Claim	\$	12,992.17
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	12,992.17
YTD Amount:	\$	34,769.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00074727

Gross Claim	\$	47,570.48
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	103.35
	\$	0.00
Net Claim / Payment Amount	\$	47,467.13
YTD Amount:	\$	127,207.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00636453

Gross Claim	\$	405,159.74
State Hospital Offset	\$	-28,705.50
Managed Care Offset 10-18-10 to 11-15-10	\$	36,815.75
	\$	0.00
Net Claim / Payment Amount	\$	397,049.49
YTD Amount:	\$	996,212.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00089494

Gross Claim	\$	56,971.00
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	2,900.97
	\$	0.00
Net Claim / Payment Amount	\$	54,070.03
YTD Amount:	\$	145,613.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00072436

Gross Claim	\$	46,112.05
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	46,112.05
YTD Amount:	\$	123,409.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.02526526

Gross Claim	\$	1,608,361.69
State Hospital Offset	\$	187,817.00
Managed Care Offset 10-18-10 to 11-15-10	\$	86,223.14
	\$	0.00
Net Claim / Payment Amount	\$	1,334,321.55
YTD Amount:	\$	3,521,135.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00098006

Gross Claim	\$	62,389.66
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	302.29
	\$	0.00
Net Claim / Payment Amount	\$	62,087.37
YTD Amount:	\$	166,669.04

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00318495

Gross Claim	\$	202,750.80
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	202,750.80
YTD Amount:	\$	540,899.67

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FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.02613026

Gross Claim	\$	1,663,426.74
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	428,682.44
	\$	0.00
Net Claim / Payment Amount	\$	1,234,744.30
YTD Amount:	\$	3,265,980.03

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00092327

Gross Claim	\$	58,774.46
State Hospital Offset	\$	-8,336.34
Managed Care Offset 10-18-10 to 11-15-10	\$	12,162.40
	\$	0.00
Net Claim / Payment Amount	\$	54,948.40
YTD Amount:	\$	133,889.12

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00507105

Gross Claim	\$	322,818.07
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	2,314.20
	\$	0.00
Net Claim / Payment Amount	\$	320,503.87
YTD Amount:	\$	860,673.37

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00428253

Gross Claim	\$	272,621.66
State Hospital Offset	\$	46,492.07
Managed Care Offset 10-18-10 to 11-15-10	\$	27,174.29
	\$	0.00
Net Claim / Payment Amount	\$	198,955.30
YTD Amount:	\$	524,033.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00102685

Gross Claim	\$	65,368.26
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	1,081.93
	\$	0.00
Net Claim / Payment Amount	\$	64,286.33
YTD Amount:	\$	172,855.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01837808

Gross Claim	\$	1,169,930.56
State Hospital Offset	\$	19,458.10
Managed Care Offset 10-18-10 to 11-15-10	\$	71,346.03
	\$	0.00
Net Claim / Payment Amount	\$	1,079,126.43
YTD Amount:	\$	2,811,371.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00338816

Gross Claim	\$	215,686.94
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	27,964.47
	\$	0.00
Net Claim / Payment Amount	\$	187,722.47
YTD Amount:	\$	481,505.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00194233

Gross Claim	\$	123,646.82
State Hospital Offset	\$	34,565.20
Managed Care Offset 10-18-10 to 11-15-10	\$	18,557.40
	\$	0.00
Net Claim / Payment Amount	\$	70,524.22
YTD Amount:	\$	206,900.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00097320

Gross Claim	\$	61,952.96
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	1,125.02
	\$	0.00
Net Claim / Payment Amount	\$	60,827.94
YTD Amount:	\$	152,362.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.30583255

Gross Claim	\$	19,469,000.40
State Hospital Offset	\$	2,944,497.01
Managed Care Offset 10-18-10 to 11-15-10	\$	3,583,129.95
	\$	0.00
Net Claim / Payment Amount	\$	12,941,373.44
YTD Amount:	\$	33,648,058.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00294844

<u>Gross Claim</u>	\$	187,694.80
State Hospital Offset	\$	15,497.35
Managed Care Offset 10-18-10 to 11-15-10	\$	31,485.03
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	140,712.42
YTD Amount:	\$	403,748.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01093908

Gross Claim	\$	696,371.11
State Hospital Offset	\$	43,776.72
Managed Care Offset 10-18-10 to 11-15-10	\$	8,077.79
	\$	0.00
Net Claim / Payment Amount	\$	644,516.60
YTD Amount:	\$	1,555,396.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00055905

Gross Claim	\$	35,588.58
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	4,660.98
	\$	0.00
Net Claim / Payment Amount	\$	30,927.60
YTD Amount:	\$	86,566.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00339825

Gross Claim	\$	216,329.26
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	32,238.05
	\$	0.00
Net Claim / Payment Amount	\$	184,091.21
YTD Amount:	\$	449,878.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00679110

Gross Claim	\$	432,314.77
State Hospital Offset	\$	-28,705.50
Managed Care Offset 10-18-10 to 11-15-10	\$	4,367.03
	\$	0.00
Net Claim / Payment Amount	\$	456,653.24
YTD Amount:	\$	1,129,157.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00054258

Gross Claim	\$	34,540.11
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	34,540.11
YTD Amount:	\$	92,438.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00042946

Gross Claim	\$	27,339.00
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	1,205.31
	\$	0.00
Net Claim / Payment Amount	\$	26,133.69
YTD Amount:	\$	71,961.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00954731

Gross Claim	\$	607,772.40
State Hospital Offset	\$	30,994.72
Managed Care Offset 10-18-10 to 11-15-10	\$	58,225.39
	\$	0.00
Net Claim / Payment Amount	\$	518,552.29
YTD Amount:	\$	1,358,347.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00558460

Gross Claim	\$	355,510.16
State Hospital Offset	\$	77,780.93
Managed Care Offset 10-18-10 to 11-15-10	\$	11,671.64
	\$	0.00
Net Claim / Payment Amount	\$	266,057.59
YTD Amount:	\$	680,859.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00227267

Gross Claim	\$	144,675.94
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	144,675.94
YTD Amount:	\$	381,979.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.05736069

Gross Claim	\$	3,651,525.31
State Hospital Offset	\$	426,730.40
Managed Care Offset 10-18-10 to 11-15-10	\$	526,440.84
	\$	0.00
Net Claim / Payment Amount	\$	2,698,354.07
YTD Amount:	\$	7,229,639.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00448968

Gross Claim	\$	285,808.63
State Hospital Offset	\$	24,756.75
Managed Care Offset 10-18-10 to 11-15-10	\$	16,443.73
	\$	0.00
Net Claim / Payment Amount	\$	244,608.15
YTD Amount:	\$	594,575.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00073844

Gross Claim	\$	47,008.37
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	47,008.37
YTD Amount:	\$	125,806.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.03161942

Gross Claim	\$	2,012,861.29
State Hospital Offset	\$	89,717.78
Managed Care Offset 10-18-10 to 11-15-10	\$	125,717.58
	\$	0.00
Net Claim / Payment Amount	\$	1,797,425.93
YTD Amount:	\$	4,611,869.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.03719600

Gross Claim	\$	2,367,860.90
State Hospital Offset	\$	272,887.28
Managed Care Offset 10-18-10 to 11-15-10	\$	153,617.93
	\$	0.00
Net Claim / Payment Amount	\$	1,941,355.69
YTD Amount:	\$	5,093,784.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00099302

Gross Claim	\$	63,214.68
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	576.15
	\$	0.00
Net Claim / Payment Amount	\$	62,638.53
YTD Amount:	\$	166,183.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.04141450

Gross Claim	\$	2,636,406.48
State Hospital Offset	\$	217,899.82
Managed Care Offset 10-18-10 to 11-15-10	\$	446,778.22
	\$	0.00
Net Claim / Payment Amount	\$	1,971,728.44
YTD Amount:	\$	5,147,481.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.06880002

Gross Claim	\$	4,379,741.84
State Hospital Offset	\$	227,307.48
Managed Care Offset 10-18-10 to 11-15-10	\$	582,908.71
	\$	0.00
Net Claim / Payment Amount	\$	3,569,525.65
YTD Amount:	\$	9,201,222.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.05730858

Gross Claim	\$	3,648,208.03
State Hospital Offset	\$	635,391.45
Managed Care Offset 10-18-10 to 11-15-10	\$	94,979.51
	\$	0.00
Net Claim / Payment Amount	\$	2,917,837.07
YTD Amount:	\$	7,754,631.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01837745

Gross Claim	\$	1,169,890.46
State Hospital Offset	\$	44,337.20
Managed Care Offset 10-18-10 to 11-15-10	\$	26,041.04
	\$	0.00
Net Claim / Payment Amount	\$	1,099,512.22
YTD Amount:	\$	2,930,596.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00515115

Gross Claim	\$	327,917.16
State Hospital Offset	\$	-28,705.50
Managed Care Offset 10-18-10 to 11-15-10	\$	25,787.76
	\$	0.00
Net Claim / Payment Amount	\$	330,834.90
YTD Amount:	\$	839,689.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.02643391

Gross Claim	\$	1,682,756.80
State Hospital Offset	\$	77,486.78
Managed Care Offset 10-18-10 to 11-15-10	\$	31,486.34
	\$	0.00
Net Claim / Payment Amount	\$	1,573,783.68
YTD Amount:	\$	4,152,192.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00991435

Gross Claim	\$	631,137.80
State Hospital Offset	\$	8,369.64
Managed Care Offset 10-18-10 to 11-15-10	\$	6,787.82
	\$	0.00
Net Claim / Payment Amount	\$	615,980.34
YTD Amount:	\$	1,545,551.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.04686024

Gross Claim	\$	2,983,076.95
State Hospital Offset	\$	575,166.85
Managed Care Offset 10-18-10 to 11-15-10	\$	163,046.12
	\$	0.00
Net Claim / Payment Amount	\$	2,244,863.98
YTD Amount:	\$	5,797,267.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00602420

Gross Claim	\$	383,494.67
State Hospital Offset	\$	32,822.45
Managed Care Offset 10-18-10 to 11-15-10	\$	93,897.08
	\$	0.00
Net Claim / Payment Amount	\$	256,775.14
YTD Amount:	\$	692,799.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00536234

Gross Claim	\$	341,361.31
State Hospital Offset	\$	52,233.15
Managed Care Offset 10-18-10 to 11-15-10	\$	9,943.46
	\$	0.00
Net Claim / Payment Amount	\$	279,184.70
YTD Amount:	\$	794,860.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00028471

Gross Claim	\$	18,124.36
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	18,124.36
YTD Amount:	\$	48,505.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00141926

Gross Claim	\$	90,348.70
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	8,880.66
	\$	0.00
Net Claim / Payment Amount	\$	81,468.04
YTD Amount:	\$	194,272.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01093912

Gross Claim	\$	696,373.66
State Hospital Offset	\$	-57,882.66
Managed Care Offset 10-18-10 to 11-15-10	\$	6,819.32
	\$	0.00
Net Claim / Payment Amount	\$	747,437.00
YTD Amount:	\$	1,789,964.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01150368

Gross Claim	\$	732,312.99
State Hospital Offset	\$	15,497.35
Managed Care Offset 10-18-10 to 11-15-10	\$	44,043.63
	\$	0.00
Net Claim / Payment Amount	\$	672,772.01
YTD Amount:	\$	1,710,220.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01168943

Gross Claim	\$	744,137.66
State Hospital Offset	\$	74,188.77
Managed Care Offset 10-18-10 to 11-15-10	\$	94,397.95
	\$	0.00
Net Claim / Payment Amount	\$	575,550.94
YTD Amount:	\$	1,622,949.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00460890

Gross Claim	\$	293,398.06
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	13,175.70
	\$	0.00
Net Claim / Payment Amount	\$	280,222.36
YTD Amount:	\$	740,860.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00209188

Gross Claim	\$	133,167.03
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	32,963.39
	\$	0.00
Net Claim / Payment Amount	\$	100,203.64
YTD Amount:	\$	313,898.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00058427

Gross Claim	\$	37,194.06
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	37,194.06
YTD Amount:	\$	99,542.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01173569

Gross Claim	\$	747,082.52
State Hospital Offset	\$	41,339.20
Managed Care Offset 10-18-10 to 11-15-10	\$	136,854.06
	\$	0.00
Net Claim / Payment Amount	\$	568,889.26
YTD Amount:	\$	1,528,126.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00129600

Gross Claim	\$	82,502.09
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	5,046.70
	\$	0.00
Net Claim / Payment Amount	\$	77,455.39
YTD Amount:	\$	189,169.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.01544085

Gross Claim	\$	982,949.38
State Hospital Offset	\$	15,497.35
Managed Care Offset 10-18-10 to 11-15-10	\$	36,369.51
	\$	0.00
Net Claim / Payment Amount	\$	931,082.52
YTD Amount:	\$	2,482,429.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00518708

Gross Claim	\$	330,204.43
State Hospital Offset	\$	46,492.07
Managed Care Offset 10-18-10 to 11-15-10	\$	2,582.30
	\$	0.00
Net Claim / Payment Amount	\$	281,130.06
YTD Amount:	\$	736,470.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00200507

Gross Claim	\$	127,640.79
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	127,640.79
YTD Amount:	\$	341,600.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000082A
PAYMENT ISSUE DATE: 11/24/2010

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.29627769
Gross monthly apportionment:	\$63,659,019.90	County/City Ratio:	0.00237569

Gross Claim	\$	151,234.10
State Hospital Offset	\$	0.00
Managed Care Offset 10-18-10 to 11-15-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	151,234.10
YTD Amount:	\$	404,742.68